

# Organic System Plan for Crops

Please fill out this questionnaire if you are requesting organic farm/crop certification. Use additional sheets if necessary. Sign section 9 and enclose it with your application fee if you are submitting your application electronically. You must submit farm maps, field history sheets and all other supporting documents (soil, tissue or water tests, rented or recently purchased land histories, etc.) outlined in section 9 of this questionnaire. **This form must be 100% filled out in order for your application to be considered. Incomplete applications will not be forwarded to the inspector.**

SECTION 1: General Information				NOP Rule 205.401	
Name		Farm Name			
Address			City	State	Zip
Phone	Fax		Email		
Legal status: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Legal partnership (federal form 1065) <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Cooperative <input type="checkbox"/> Other (specify):					
Year first certified	List any prior agencies of organic certification		List any current agencies of organic certification		
List all crops or products requested for certification. (as you would like to have listed on your certificate)					
Do you have a copy of current organic standards? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>					
Do you intend to certify any livestock (slaughter stock, dairy, or layers) this year? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, have you filled out an Organic Livestock Plan Questionnaire? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>					
Do you have any off-farm or on-farm processing done? (cleaning, bagging, bottling, etc.) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, have you filled out an Organic Handling Plan Questionnaire? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>					
Give directions to your farm for the inspector:					
When are you available to contact? <span style="float: right;"><input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening</span> When are you available for the inspection? <span style="float: right;"><input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening</span>					
1. Did you have any noncompliances from last year's certification? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable</span>					
a. If yes, please complete the following table; listing each noncompliance.					
<b>Noncompliance</b>		<b>Date of Notice</b>	<b>Corrective Action Update</b>		
<i>ie. 205.103(b)(2),(4) Equipment cleanouts</i>		<i>8/1/10</i>	<i>I have continued to keep an equipment cleanout log.</i>		
2. Have you ever been denied certification? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable</span>					
b. If yes, please describe the circumstances, including the certification agent involved, the reason certification was denied, and any steps taken:					

3. Has your certification ever been suspended or revoked? ☐ Yes ☐ No ☐ Not applicable

a. If yes, please describe the circumstances, including the certification agent involved, the reason certification was suspended or revoked, and any steps taken:

## SECTION 2: Farm Plan Information

NOP Rule 205.201(a) and 205.202(a) and (b)

1. Please complete the tables below and attach field history sheets.

Crops requested for certification	Field numbers	Total acres per crop	Projected yields (volume)

2. Have you managed all fields for 3 or more years? ☐ Yes ☐ No

a. If no, you must submit signed statements from the previous manager stating the use and all inputs applied during the previous 3 years on all newly rented or purchased fields.

3. Are all fields requested for certification located at the main address listed in Section 1? ☐ Yes ☐ No

4. Complete this information for main farm address and each parcel that is in a separate location from the main farm address.

Field numbers	Parcel address/ legal description	Number of acres: organic (O), transitional (T), conventional (C)			Rented (R) or Owned (O)
		O	T	C	

## SECTION 3: Seeds and Seed Treatments

NOP Rule 205.204

1. List all organic seeds used or planned for use in the current season. Please have records to show that inoculants are non-GMO.

Seed Variety	Distributor	Certified by	Treated (✓)	Type/brand of treatment	
				Fungicide	Inoculant
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		



**SECTION 4: Source of Seedlings and Perennial Stock**

NOP Rule 205.204

**A. DO YOU PURCHASE ORGANIC SEEDLINGS?**☐ Yes☐ No☐ Not applicable

1. Who are the suppliers?

a. If certified, by which agents?

2. Do you purchase non-organic seedlings?

☐ Yes ☐ No

a. If yes, state why and describe your attempts to purchase organic seedlings.

**B. DO YOU GROW ORGANIC SEEDLINGS ON-FARM:**☐ Yes ☐ No

1. What type and size is your greenhouse?

2. Do you raise potted plants or plant crops directly in the ground in the greenhouse?

3. If treated wood is used in any part of your greenhouse, where is it used?

4. List all soil mix ingredients, fertility products, foliar sprays, and/or pest and disease inputs used or planned for use in your organic greenhouse operation.

Product	Brand name or source	Approved			
		NOP	ISDA	WSDA	OMRI
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What equipment do you use in your watering system?

6. How do you prevent seedling diseases and/or insect problems?

**C. DO YOU GROW BOTH ORGANIC AND NON-ORGANIC PLANTS IN YOUR GREENHOUSE:**☐ Yes☐ No☐ Not applicable

1. What organic and non-organic crops are grown? List varieties if the same organic and non-organic crops are grown (parallel production):

2. How do you separate and identify organic and non-organic growing areas?
3. How do you label organic and non-organic seedlings/plants?
4. List all soil mix ingredients, fertility products, foliar sprays, water system additives, and/or pest and disease inputs used or planned for use in your non-organic greenhouse operation. *Attach labels or have labels available for the inspector, as applicable.*

Product	Manufacturer	Approved			
		NOP	ISDA	WSDA	OMRI
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How do you prevent commingling of organic and non-organic soil mixes during mixing and storage?
6. Where do you store inputs used for non-organic production?
7. How do you prevent drift of prohibited materials through ventilation and/or watering systems?
8. How do you clean seedling containers and equipment?

D. PLANTING STOCK: (Use additional sheets if necessary) ☐ Not applicable

1. List all organic planting stock.

Planting Stock Variety	Distributor	Certified by	Treated (✓)	Type/brand of treatment	
				Fungicide	Inoculant
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		

2. List all conventional planting stock.

Planting Stock Variety	Planting stock source	Planting date	Expected harvest date	Attempts to source organic planting stock		
				Company	Date	Method of contact


## SECTION 5: Soil and Crop Fertility Management

NOP Rule 205.203 and 205.205

### A. GENERAL INFORMATION AND EVALUATION:

1. What are your general soil types?
  
2. What are your soil/nutrient deficiencies?
  
3. How do you monitor the effectiveness of your fertility management program?
 

☐ soil testing

☐ tissue testing

☐ microbiological testing

☐ observation of soil

☐ observation of crop health

☐ comparison of crop yields

☐ crop quality testing

☐ other (specify)
  
4. How often do you conduct fertility monitoring?
 

☐ weekly

☐ monthly

☐ annually

☐ as needed

☐ other (specify):
  
5. Rate the effectiveness of your fertility management program.
 

☐ excellent

☐ satisfactory

☐ needs improvement
  
6. What changes do you anticipate?
  
7. What are the major components of your soil and crop fertility plan?
 

☐ crop rotation

☐ inter-planting

☐ green manure plow down/cover crops

☐ soil amendments

☐ summer fallow

☐ incorporation of crop residues

☐ on-farm manure

☐ off-farm manure

☐ biodynamic preparations

☐ subsoiling

☐ soil inoculants

☐ side dressing

☐ compost

☐ foliar fertilizers

☐ other (specify):
  
8. List all fertility inputs used or intended for use in the current season on proposed organic and transitional fields.  
*All inputs used during the current year and previous three years must be listed on the Field History Sheet.*

☐ Not applicable

Product	Manufacturer	Approved			
		NOP	ISDA	WSDA	OMRI
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. If you use or plan to use restricted fertility inputs, how do you comply with the "annotation"?

☐ Not applicable

10. If you use fertilizers with high salt content (sodium nitrate, potassium sulfate, etc.), how do you prevent salt build-up? ☐ Not applicable

11. Do you burn crop residues? ☐ Yes ☐ No

a. If yes, please describe what materials are burned and why:

12. Do you apply sewage sludge to fields? ☐ Yes ☐ No

a. If yes, list fields where applied:

#### B. COMPOST USE:

You must maintain records verifying that compost production meets NOP 205.203(c)(2). Failure to have verification of compliance for compost containing animal manure will require 90 or 120 days between application and harvest.

1. Do you use compost? ☐ Yes ☐ No

2. Do you purchase compost? ☐ Yes ☐ No

3. Do you make your own compost? ☐ Yes ☐ No

a. If yes, what is the initial C:N ratio:

b. If yes, what composting method do you use?

☐ in-vessel ☐ static aerated pile ☐ windrows ☐ other (specify)

i. If in-vessel or static aerated pile system what temperature do you maintain?

ii. If in-vessel or static aerated pile system, how long do you maintain this temperature?

iii. If windrow system, what temperature do you maintain?

iv. If windrow system, how long do you maintain this temperature?

v. If windrow system, how many times are materials turned?

### C. MANURE USE:

1. What forms of manure do you use? ☐ none ☐ liquid ☐ semi-solid  
☐ piled ☐ fully composted ☐ other (specify)

2. What types of crops do you grow? Check all boxes that apply.

☐ crops not used for human consumption

☐ crops for human consumption whose edible portion has direct contact with the soil or soil particles

☐ crops for human consumption whose edible portion does not have direct contact with the soil or soil particles

3. If you grow crops for human consumption and use raw manure, complete the following table:

Crop(s)	Field numbers	Date manure is applied	Expected date of harvest

4. What is the source of the manure you use? ☐ on-farm ☐ off-farm ☐ Not applicable

5. List all sources of off-farm manure:

6. List all manure ingredients/additives:

7. If you use manure, what are the potential contaminants (pit additives, feed additives, pesticides, antibiotics, heavy metals, etc.) from these sources? *Attach residue analysis/additive specifications for manure, if available.*

### D. NATURAL RESOURCES:

1. Biodiversity Management: Whole Farm Biodiversity Considerations.

a. Does your field map include features such as hedgerows, woodlands, wetlands, riparian zones, and special habitats? ☐ Yes ☐ No



b. List native plants present, and/or wildlife seen moving through farm (*note priority species*):

c. What steps do you take to plan/provide for biodiversity conservation?

- ☐ understand farm's location within watershed
- ☐ ascertain what native plants and animals existed on the land before it was a farm
- ☐ learn about regional natural areas and conservation priorities
- ☐ work with neighbors/others to enhance biodiversity (connectivity, restoration, etc.)
- ☐ other (describe/explain):

d. How do you manage water for the needs of crops/livestock, native species and riparian ecosystems?

- ☐ plant regionally appropriate crops
- ☐ conserve water
- ☐ manage water for priority species
- ☐ retain/restore vegetated riparian buffers/wetlands
- ☐ protect/improve natural hydrology/ecological function of riparian area
- ☐ other (describe/explain):

## 2. Biodiversity Management: Uncultivated Area Biodiversity.

a. What actions do you take to provide habitat for pollinators, insect predators, birds and bats?

- ☐ bird/bat/bee boxes
- ☐ maintain/provide natural roosting/nesting/foraging sites
- ☐ hedgerows/windbreaks
- ☐ other (describe/explain):

b. How are you restoring and/or protecting natural areas?

- ☐ manage for native plants/wildlife specific to the site
- ☐ preserve/restore wildlife corridors
- ☐ native habitats not converted to farmland since certification
- ☐ establish legal conservation areas
- ☐ other (describe/explain):

c. List problem invasives:

d. What actions do you take to control invasive plant/animal species, especially those threatening natural areas?

- ☐ use weed- and pest-free seed/planting stock/soil amendments/mulches
- ☐ monitor for new introductions and control immediately
- ☐ learn about invasives
- ☐ suppress invasives using organic methods
- ☐ other (describe/explain):

## 3. Biodiversity Management: Cropland Area Biodiversity.

a. How do you conserve and provide habitat for wildlife?

- ☐ wildlife-friendly fences
- ☐ companion planting/intercropping
- ☐ crop diversity
- ☐ manage fallow fields for wildlife
- ☐ other (describe/explain):

b. How do you schedule farm practices to benefit wildlife?

- ☐ plan fields to leave food/cover for wildlife
- ☐ avoid nests during breeding season
- ☐ stagger mowing/tilling practices
- ☐ other (describe/explain):

c. Have you assessed the farm for biodiversity problems and greatest opportunities, and developed goals and a timeline for biodiversity conservation?

☐ Yes ☐ No

i. If yes, describe/explain:

d. How do you monitor farm biodiversity?

☐ visually    ☐ species counts    ☐ other (describe/explain)

4. Biodiversity Management: When livestock are involved.

☐ No livestock involved

a. How do you protect riparian areas and sensitive habitats?

- ☐ fence without impacting wildlife    ☐ control sensitive area access  
☐ prevent bank erosion    ☐ animals fed away from water  
☐ other (describe/explain):

b. What are you doing to improve your pasture or rangeland?

- ☐ prevent overgrazing    ☐ active grazing management system  
☐ reseed trampled/eroded areas    ☐ plant native pasture  
☐ prescribed burning    ☐ other (describe/explain):

c. What wildlife-friendly management practices do you use?

- ☐ grazing scheduled when predation pressure low    ☐ guard animals  
☐ livestock spend night in protected area    ☐ circumstances of livestock death documented  
☐ other (describe/explain):

d. List problems with predators or other wildlife:

5. Biodiversity Management: Wild Harvest Enterprises.

☐ No wild harvest

a. How do you maintain or improve the sustainability of the harvested species?

- ☐ harvest from stable populations    ☐ minimize disruption of priority species/sensitive habitats  
☐ avoid erosion    ☐ allow re-establishment  
☐ monitor wild crop sustainability    ☐ other (describe/explain):

6. Soil Conservation

a. What soil conservation practices are used?

- ☐ terraces    ☐ contour farming    ☐ conservation tillage    ☐ winter cover crops  
☐ firebreaks    ☐ strip cropping    ☐ permanent waterways    ☐ under sowing/inter-planting  
☐ tree lines    ☐ retention ponds    ☐ maintain wildlife habitat    ☐ riparian management  
☐ windbreaks    ☐ other (specify):

b. What soil erosion problems do you experience (why and on which fields)?

☐ none

c. Describe your efforts to minimize soil erosion problems listed above:

d. Describe how you monitor the effectiveness of your soil conservation program:

e. How often do you conduct conservation monitoring?

- ☐ weekly    ☐ monthly    ☐ annually    ☐ as needed    ☐ other (specify):

E. WATER USE:

☐ Not applicable

1. Check the boxes that describe water use on your operation.

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> irrigation    | <input type="checkbox"/> livestock  | <input type="checkbox"/> foliar sprays    |
| <input type="checkbox"/> washing crops | <input type="checkbox"/> greenhouse | <input type="checkbox"/> other (specify): |

2. Source of water: ☐ on-site well(s) ☐ river/creek/pond ☐ spring  
☐ municipal/county ☐ irrigation district ☐ other (specify):

a. If water is sourced from an irrigation district, what is the name of the managing company?

b. If water is sourced from an irrigation district, how do you prevent unintended algaecide application to crops  
☐ Water shut off ☐ Documents from the irrigation district show no applications.

3. Type of irrigation system:

- |                               |                               |                                |                                       |   |
|-------------------------------|-------------------------------|--------------------------------|---------------------------------------|---|
| <input type="checkbox"/> none | <input type="checkbox"/> drip | <input type="checkbox"/> flood | <input type="checkbox"/> center pivot | <input type="checkbox"/> other (specify): |
|-------------------------------|-------------------------------|--------------------------------|---------------------------------------|---|

4. What input products are applied through the irrigation system? ☐ none

5. What products do you use to clean irrigation lines/nozzles? ☐ none

6. Is the system shared with another operator? ☐ Yes ☐ No

a. If yes, what products do they use?

7. Is the system flushed and documented between conventional and organic use? ☐ Yes ☐ No

8. What practices are used to protect water quality?

- |   |   |
|---|---|
| <input type="checkbox"/> fencing livestock from waterways | <input type="checkbox"/> scheduled use of water to conserve its use |
| <input type="checkbox"/> tensiometer/monitoring           | <input type="checkbox"/> laser leveling/land forming                |
| <input type="checkbox"/> drip irrigation                  | <input type="checkbox"/> micro-spray                                |
| <input type="checkbox"/> sediment basin                   | <input type="checkbox"/> compost/fertilizer stored away from water  |
| <input type="checkbox"/> other (specify):                 |   |

9. List known contaminants in water supplies in your area (*Attach residue analysis and/or salinity test results, if applicable*):

10. Describe your efforts to minimize water contamination problems listed above. ☐ Not applicable

11. Describe how you monitor the effectiveness of your water quality program.

12. How often do you conduct water quality monitoring?

☐ weekly

☐ monthly

☐ annually

☐ as needed

☐ other (specify):

**SECTION 6: Crop Management**

**NOP Rule 205.205 and 205.206**

**A. CROP ROTATION PLANS: (Use one line for each rotation used)**

<b>Crop rotation plan</b>	<b>Field numbers where plan is followed</b>	<b>Anticipated changes</b>

**B. WEED MANAGEMENT PLAN:**

1. What are your problem weeds?

2. What weed control methods do you use?

☐ crop rotation

☐ field preparation

☐ prevention of weed seed set

☐ delayed seeding

☐ monitoring soil temperature

☐ soil sterilization

☐ use of hand tools

☐ use of fast emerging varieties

☐ mechanical cultivation

☐ hand weeding

☐ mowing

☐ livestock grazing

☐ flame weeding

☐ steam weeding

☐ electrical

☐ smother crops

☐ non-synthetic mulch

☐ black fallow

☐ synthetic mulch

☐ soap-based herbicides

☐ corn gluten

☐ other (specify):

3. Are any restricted weed management strategies implemented?

☐ none used

a. If you use plastic or other synthetic mulches, is the mulch removed at the end of the growing or harvest season? ☐ Yes ☐ No

i. If no, why not?

b. If you use corn gluten, is the corn genetically modified?

☐ Yes

☐ No

i. If no, what verification do you have?

c. If you use soap-based herbicides, list all areas where used:

d. If you use newspaper or other recycled paper for mulch, do you use paper with glossy or colored inks?

☐ Yes

☐ No

4. Rate the effectiveness of your weed management program:

☐ excellent

☐ satisfactory

☐ needs improvement

5. What changes do you anticipate?

6. How do you monitor the effectiveness of your weed management program?

- ☐ weed counts ☐ records kept of observations/counts  
☐ observation of weed types ☐ comparison of crop yields  
☐ other (specify):

7. How often do you conduct weed monitoring?

- ☐ weekly ☐ monthly ☐ annually ☐ as needed ☐ other (specify):

#### C. PEST MANAGEMENT PLAN:

1. What are your problem pests? ☐ rodents ☐ gophers ☐ birds

- ☐ insects (list):  
☐ other animals (specify):

2. Do you work with a pest control advisor? ☐ Yes ☐ No

a. If yes, give name and contact information:

3. What strategies do you use to control pest damage to crops?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> none used          | <input type="checkbox"/> crop rotation      | <input type="checkbox"/> selection for plant species/varieties          |
| <input type="checkbox"/> timing of planting | <input type="checkbox"/> companion planting | <input type="checkbox"/> development of habitat for natural enemies     |
| <input type="checkbox"/> frog ponds         | <input type="checkbox"/> bat houses.        | <input type="checkbox"/> use of restricted products                     |
| <input type="checkbox"/> hand picking       | <input type="checkbox"/> monitoring         | <input type="checkbox"/> trap crops                                     |
| <input type="checkbox"/> physical barriers  | <input type="checkbox"/> physical removal   | <input type="checkbox"/> use of approved products                       |
| <input type="checkbox"/> lures              | <input type="checkbox"/> bird houses        | <input type="checkbox"/> limited use of prohibited products             |
| <input type="checkbox"/> animal repellents  | <input type="checkbox"/> traps              | <input type="checkbox"/> release of predators/parasites of pest species |
| <input type="checkbox"/> IPM                | <input type="checkbox"/> insect repellents  | <input type="checkbox"/> other (specify):                               |

4. List all pest control products used or intended for use in the current season on organic and transitional fields.  
*All inputs used or intended for use during the current year and in the previous three years must be listed on your Field History Sheet.* ☐ Not applicable

Pest problem	Control product	Approved				If restricted, describe compliance with NOP rule annotation
		N O P	I S D A	W S D A	O M R I	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5. Rate the effectiveness of your pest management program?

☐ excellent      ☐ satisfactory      ☐ needs improvement

6. What changes do you anticipate?

7. How do you monitor the effectiveness of your pest management program?

☐ insect monitoring with traps      ☐ observation of crop health      ☐ comparison of crop yields  
☐ crop quality testing      ☐ monitoring records kept      ☐ other (specify)

8. How often do you conduct pest monitoring?

☐ weekly      ☐ monthly      ☐ annually      ☐ as needed      ☐ other (specify):

#### D. DISEASE MANAGEMENT PLAN:

1. What are your problem crop diseases?

2. What disease prevention strategies do you use?

☐ crop rotation      ☐ field sanitation      ☐ limited use of prohibited materials  
☐ plant spacing      ☐ soil balancing      ☐ selection of plant species/varieties  
☐ solarization      ☐ vector management      ☐ timing of planting/cultivating  
☐ companion planting      ☐ use of restricted materials      ☐ use of approved materials  
☐ compost/tea use      ☐ other (specify):

3. List all disease management inputs used or intended for use on your organic and transitional fields/crops. *All inputs used or intended for use during the current year and used in the previous three years must be listed on your Field History Sheet.* ☐ Not applicable

Disease problem	Control product	Approved				If restricted, describe compliance with NOP rule annotation
		N O P	I S D A	W S D A	O M R I	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. Rate the effectiveness of your disease management program?

☐ excellent      ☐ satisfactory      ☐ needs improvement

5. What changes do you anticipate?

6. How do you monitor the effectiveness of your pest management program?

☐ observation of soil      ☐ soil testing      ☐ microbiological testing

- ☐ observation of crop health      ☐ crop quality testing      ☐ comparison of crop yields  
☐ monitoring records kept      ☐ irrigation district      ☐ other (specify):

7. How often do you conduct pest monitoring?

- ☐ weekly      ☐ monthly      ☐ annually      ☐ as needed      ☐ other (specify):

## SECTION 7: Maintenance of Organic Integrity

NOP Rule 205.201(a)(5) and 205.202(c)

### A. ADJOINING LAND USE:

1. List specific buffer areas you maintain. *(Show all adjoining land uses on your field maps.)*

Location or field number	Type of buffer (crop land, treeline, hedgerow, wildlife planting, grass strip)	Width of buffer	Adjoining land use
	N:		N:
	S:		S:
	E:		E:
	W:		W:
	N:		N:
	S:		S:
	E:		E:
	W:		W:
	N:		N:
	S:		S:
	E:		E:
	W:		W:
	N:		N:
	S:		S:
	E:		E:
	W:		W:
	N:		N:
	S:		S:
	E:		E:
	W:		W:
	N:		N:
	S:		S:
	E:		E:
	W:		W:
	N:		N:
	S:		S:
	E:		E:
	W:		W:
	N:		N:
	S:		S:
	E:		E:
	W:		W:
	N:		N:
	S:		S:
	E:		E:
	W:		W:
	N:		N:
	S:		S:
	E:		E:
	W:		W:
	N:		N:
	S:		S:
	E:		E:
	W:		W:

2. Are crops harvested from buffers?

☐ Yes ☐ No

a. If yes, describe use (sale, non-organic livestock feed, seed, etc.):

b. If crops are harvested from the buffer zones with equipment used for harvesting organic crops, what safeguards do you use to protect organic crops from contact with buffer crops during harvest?

4. What additional safeguards do you use to prevent accidental contamination?

☐ none

Written notification to:

☐ highway departments

☐ electric companies

☐ farm service office

☐ aerial spray companies/airports

☐ adjoining landowners

☐ drainage commissions

☐ other (specify):

5. Have you posted "No Spray" signs along roadsides that adjoin organic fields?

☐ Yes ☐ No

6. Do any fields or portions of fields flood frequently? (more than once every ten years)

☐ Yes ☐ No

a. If yes, list field numbers

b. How do you monitor for crop contamination?

☐ visual observation

☐ residue analysis

☐ GMO testing

☐ photographs

☐ wind direction/speed data

☐ other (specify)

c. How often do you conduct crop contamination monitoring?

☐ weekly

☐ monthly

☐ annually

☐ as needed

☐ other (specify)

7. If you grow any conventional or transitional crops, please fill out the following tables.

☐ Not applicable

Crop	Field ID	Transitional (T) or conventional (C)	Check if GMO (✓)	Total acreage	Planned use of crop (sale, seed, conventional livestock feed, etc.)	Same as Organic crop? Y or N
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			

a. Prohibited soil amendments used on conventional crops:

Product name	Who applies? self (S) or custom (C)	Field numbers where applied	Where stored? (on-farm or off-farm; where on farm?)



b. Prohibited herbicides/pesticides used on conventional crops:			
<b>Product name</b>	<b>Who applies? self (S) or custom (C)</b>	<b>Field numbers where applied</b>	<b>Where stored? (on-farm or off-farm; where on farm?)</b>

**B. EQUIPMENT:**

1. List all equipment used for planting, cultivation, spraying, and harvesting on organic fields. ☐ Not applicable

<b>Equipment name</b>	<b>Owned (O), rented (R), or custom (C)</b>	<b>Check if used on both organic and conventional (✓)</b>	<b>How is equipment cleaned before use on organic fields?</b>
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

2. Is your equipment maintained so that fuel, oil and hydraulic fluid do not leak?  
☐ Yes    ☐ No    ☐ Not applicable

3. Do you use a sprayer:    ☐ Yes    ☐ No

    a. If yes, what type?

    b. If yes, did you purchase it new or used?    ☐ new    ☐ used

**C. HARVEST:**

1. How are your organic crops harvested?    ☐ mechanical    ☐ by hand

2. Are any organic crops custom harvested?    ☐ Yes    ☐ No

    a. If yes, provide name and address of custom harvester:

3. Describe steps taken to protect organic crops from commingling and contamination during harvest:

4. What containers are used for harvesting?

- ☐ none                      ☐ gravity wagons/boxes                      ☐ truck boxes                      ☐ cardboard/waxed boxes  
☐ wooden totes                      ☐ plastic containers                      ☐ other (specify):

a. If containers are used, are containers new or used?                      ☐ new                      ☐ used

i. If used, what did they contain prior to organic use?

ii. Are the containers used for organic crops only?                      ☐ Yes                      ☐ No

5. Describe potential contamination or commingling problems you have with harvest of organic crops:

☐ none

**D. POST-HARVEST HANDLING:**

☐ Not applicable

1. Describe your post-harvest handling procedures and equipment:

2. Is the processing area and equipment used for both organic and non-organic products?                      ☐ Yes                      ☐ No

a. If yes, describe steps taken to prevent commingling and contamination:

3. Does packaging present any contamination problems for your organic products?                      ☐ Yes                      ☐ No

a. If yes, what are they?

4. Check types of packaging material used:

- ☐ none                      ☐ bulk                      ☐ paper                      ☐ cardboard                      ☐ metal  
☐ glass                      ☐ synthetic fiber                      ☐ foil                      ☐ plastic                      ☐ waxed paper  
☐ natural fiber                      ☐ wood                      ☐ aseptic                      ☐ other (specify):

5. In what form are finished products shipped?                      ☐ dry bulk                      ☐ liquid bulk                      ☐ tote bags

- ☐ plastic crates                      ☐ paper bags                      ☐ foil bags                      ☐ mesh bags                      ☐ metal drums  
☐ cardboard drums                      ☐ cardboard cases                      ☐ tote boxes                      ☐ other (specify):

**E. CROP STORAGE:**

☐ No organic crop storage

1. Describe your storage locations:

Storage ID #	Type of crops stored	Type of storage	Capacity/size


2. Do you use the same storage areas for organic, transitional, buffer, and/or conventional crops.

☐ Yes ☐ No

a. If yes, how do you segregate organic crops from non-organic crops?

3. How do you clean storage units prior to storage of organic crops?

4. How do you prevent/control insect pests in crop storage areas?

5. How do you control rodents in crop storage areas?

6. What stored crop inputs have you used in the last three years?

☐ synthetic fumigants

☐ rodenticides

☐ sprouting inhibitors

☐ none

☐ growth regulators

☐ preservatives

☐ oils

☐ ripeners

☐ waxes

☐ other (specify):

☐ coloring agents

7. Are any stored crop inputs used or planned for use on organic crops?

☐ Yes

☐ No

a. If yes, specify input and retain labels:

#### F. TRANSPORTATION:

☐ Not applicable

1. Who is responsible for arranging transportation of organic products?

☐ self

☐ buyer

☐ other (specify):

2. Describe how organic products are transported:

3. What potential contamination or commingling problems do you have with the transport of organic crops?

☐ none

4. What steps are taken to protect the integrity of organic products during transport?

☐ dedicated organic only

☐ inspecting transport units prior to loading

☐ use of Clean Truck Affidavits

☐ cleaning transport units prior to loading

☐ letter/contract with transport company stating organic requirements

☐ other (specify):

**A. RECORDS:** *Please have these records available for the inspector.*

## 1. Which of the following records do you keep for organic production?

- ☐ field maps
- ☐ field activity log(s)
- ☐ field history sheets (previous three years)
- ☐ documentation of previous land use for rented and/or newly purchased land
- ☐ input records for soil amendments, seeds, manure, foliar sprays, and pest control products (keep all labels)
- ☐ documentation of attempts to source organic seeds and/or planting stock
- ☐ documentation of organic seedlings
- ☐ residue analyses of inputs (i.e., manure sourced off-farm)
- ☐ compost production records
- ☐ monitoring records (soil tests, tissue tests, water tests, quality tests, observations)
- ☐ equipment cleaning records
- ☐ harvest records that show field numbers, date of harvest, and harvest amounts (including custom harvest records)
- ☐ label records
- ☐ storage records that show storage location, storage identification, field numbers, amounts stored, and cleaning activities
- ☐ clean transport records
- ☐ sales records (purchase order, contract, invoice, cash receipts, cash receipt journal, sales journal, etc.)
- ☐ shipping records (scale ticket, dump station ticket, bill of lading)
- ☐ Transaction Certificates
- ☐ audit control summary
- ☐ complaint log
- ☐ other (please specify)

## 2. How long do you keep your records?

## 3. Which of the following records do you keep for conventional production?

☐ Not applicable

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> field maps      | <input type="checkbox"/> labor records    | <input type="checkbox"/> field history sheets |
| <input type="checkbox"/> storage records | <input type="checkbox"/> input records    | <input type="checkbox"/> sales records        |
| <input type="checkbox"/> harvest records | <input type="checkbox"/> shipping records | <input type="checkbox"/> other (specify):     |

**B. MARKETING:** *Attach copies of all organic product labels.*

## 1. Type of Marketing:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> farmers market    | <input type="checkbox"/> direct to retail | <input type="checkbox"/> CSA/subscription service      |
| <input type="checkbox"/> wholesale         | <input type="checkbox"/> on-farm retail   | <input type="checkbox"/> bulk commodities to processor |
| <input type="checkbox"/> contract to buyer | <input type="checkbox"/> other (specify): |  |

## 2. Do you use or plan to use the USDA organic seal on product labels or market information?

- ☐ Yes      ☐ No

## 3. Do you use or plan to use the seal of the certifying agent on product labels or market information?

- ☐ Yes      ☐ No

## SECTION 9: Affirmation

I affirm that all statements made in this application are true and correct. No prohibited products have been applied to any of my organically managed fields during the three-year period prior to projected harvest. I understand that the operation may be subject to unannounced inspection and/or sampling for residues at any time as deemed appropriate to ensure compliance with the Organic Foods Production Act of 1990 and National Organic Program Rules and Regulations. I understand that acceptance of this questionnaire in no way implies granting of certification by the certifying agent. I agree to provide further information as required by the certifying agent.

Signature of Operator \_\_\_\_\_ Date \_\_\_\_\_

I have attached the following documents:

- ☐ Maps of all parcels/fields (showing adjoining land use and field identification)
- ☐ Field history sheets
- ☐ Documentation for fields owned or rented for less than three years, if applicable
- ☐ Water test, if applicable
- ☐ Soil and/or plant tissue tests, if applicable
- ☐ Residue analyses, if applicable
- ☐ Input product labels, if applicable
- ☐ Organic product labels, if applicable
  
- ☐ I have made copies of this questionnaire and other supporting documents for my own records.

**Submit completed form, fees, and supporting documents to:**

**[Brandon.Lamb@agri.idaho.gov](mailto:Brandon.Lamb@agri.idaho.gov)**

**or to**

**Idaho State Department of Agriculture  
2270 Old Penitentiary Road  
Boise, ID 83701-0790**

## FIELD HISTORY SHEET

**Instructions:** Fill out this Field History Sheet for all fields (organic, transitional, and conventional). You can use your own form as long as it contains the same information. List all inputs used or planned for use, including compost and/or manure. Inputs that have already been applied must include the rate and date of application unless you are keeping separate input records. Keep copies for your files. This form should accompany your Organic Farm Plan or Organic Farm Plan Update form.

Code: O = Organic; T = In Transition/Conversion to Organic; C = Conventional

Producer Name:

Code	Field No.	ACRES	Year:		Year:		Year:		Year:	
			Crop	Inputs	Crop	Inputs	Crop	Inputs	Crop	Inputs